



New Patient/Client Information

Welcome to Noah's Ark Animal Hospital. Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out the information below.

Owner's Name: _____ Spouse/Other: _____ Military YES

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone #: _____ Secondary Phone #: _____

Email Address (for reminders): _____

We will gladly prepare a written estimate if you so desire. Please ask our Receptionist or Technician. **Professional fees are due at time services are rendered.**

Preferred Method of Payment: Cash Check Credit Card (Visa/MC/Discover) Debit
 CareCredit

Name of Previous/Current Veterinarian: _____ Phone # _____

Preferred Method of Payment: Cash / Check / Credit Card (Visa/MC/Discover) / Debit / CareCredit

Name of Previous/Current Veterinarian: _____ Phone # _____

How did you hear of our hospital? Google Yelp Facebook Website Drive or Walk By
 Personal Referral Whom may we thank? _____ Other _____

To help prevent the spread of infectious diseases, hospitalized and boarded (i.e. day boarding and grooming) animals must be current on all Vaccinations. PURUANT TO FLORIDA STATUTES, Section 828.30, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccinations will be updated at the time of your appointment if it is not current.

Financial Agreement

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital and Licensed Veterinarian to receive, prescribe for, treat or perform surgery upon the pet(s) I am bringing for professional care. I understand I may request a Treatment Plan and the Estimated Cost of Treatment. The final invoice may reflect a different amount based on the actual services provided, however every attempt will be made to keep me informed of any changes to Treatment Plan presented. Furthermore, I agree and understand payment In Full is required at the time of completion of services and treatment. Payment Plans are offered only through Care Credit at www.carecredit.com.

Signature _____ **Date** _____

Please complete information for all your pets - Thank You!

Pet's Name			
Species (Dog, Cat, Bird, etc.)			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approximate)			
Sex	M - F Spay/Neutered <input type="checkbox"/>	M - F Spay/Neutered <input type="checkbox"/>	M - F Spay/Neutered <input type="checkbox"/>